



ERNE FLETCHER
GOVERNOR

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
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JAMES W. HOLSINGER, JR., M.D.
SECRETARY

September 7, 2004

Nursing Facility Provider Letter # A-212

Dear Nursing Facility Provider:

The Department for Medicaid Services has revised the PASRR Significant Change form (MAP-4095). Please begin using the revised form immediately.

Previously, the MAP-4095 only captured significant change data on a resident with a mental illness, mental retardation or developmental disability diagnosis. The Department has added a section on the revised MAP-4095 form to capture discharge data on these residents, as well.

A copy of the revised MAP-4095 (dated 9/2004), PASRR Significant Change/Discharge Data form is attached for your immediate use. Please mail these forms to your Regional PASRR office when completed.

Should you have any questions or need further clarification, please contact Judy Montfort, RN, Nurse Consultant/Inspector, Division of Long Term Care and Community Alternatives, at 502-564-5707.

Sincerely,

A handwritten signature in black ink, appearing to read "Russ Fendley", with a stylized flourish at the end.

Russ Fendley
Commissioner

Enclosure

RF/jdm